

How to code for SMBP? AMA guides break down CPT during pandemic

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If you are trying to figure out how to properly code for the evolving way you care for patients during the pandemic—those with COVID-19 and those without—the AMA recently updated several user-friendly resources designed to guide you through the process.

The AMA has updated its resource, “CPT reporting for COVID-19 testing (PDF).” The flowchart asks physicians where the patient was assessed, where the swab was collected and where the test was performed. Based on the answers, the chart guides physicians to the proper AMA Current Procedural Terminology (CPT®) codes to use.

The AMA also updated its “Telehealth Services Covered by Medicare and Included in CPT Code Set” (PDF) resource, which lists additional CPT codes that can be provided via telehealth during the pandemic, including codes 90791, 90832, 97112 and 97530.

And the AMA added an additional eight scenarios to its “Special coding advice during COVID-19 public health emergency (PDF).” This resource now includes 26 scenarios that show physicians the applicable CPT codes and ICD-10-CM codes for a visit based on the actions performed during a service, who provided the service and where the service was performed. Each scenario is summed up in a one-page chart that is easy to navigate.

“During the public health emergency, there have been many exceptions and many new scenarios that haven’t existed before. This is an extremely useful document for helping with coding for services provided during the COVID-19 pandemic,” said AMA Vice President of Health Outcomes Michael Rakotz, MD.

“You don’t have to be a coding specialist or practice manager to understand it.”

You can stay up to speed on the fast-moving pandemic with the AMA's COVID-19 resource center, which offers a library of the most up-to-date resources from JAMA Network™, the Centers for Disease

Control and Prevention, and the World Health Organization.

Coding COVID-19 antibody testing

Six new scenarios in the special coding document tackle situations in which a physician directs a patient to get tested for COVID-19 antibodies. For example, how to code if a patient received a telehealth visit and is directed to go to another site for the antibody testing and how to code if a patient comes to the office for an evaluation-and-management (E/M) visit, and is tested for antibodies during the visit.

Coding SMBP

And as physicians have had to shift the delivery of care in their practices from in-person to virtual, the updated guide also now includes two non-COVID-19 scenarios that show physicians how to code for self-monitored blood pressure (SMBP) services. Before the pandemic, a clinical team member would have calibrated a blood pressure device that has been validated for clinical accuracy, and trained the patient on how to use SMBP while they were in the office.

“That is no longer required,” Dr. Rakotz said. “During the public health emergency, education can be delivered via telehealth and device calibration, which can only be performed in person, has been waived as a requirement for submitting CPT code 99473 for these services during the pandemic.”

Scenario 25 in the special coding advice guide describes how to code SMBP services and training when it is part of an E/M telehealth visit.

Here, the patient is seen with a telehealth encounter and the SMBP training is done during that encounter, so no additional code is needed, Dr. Rakotz explained. Payer guidelines may vary, but the guide tells physicians which code to use for telehealth visits based on the length of the visit and whether the patient is new or established.

For example, a new patient with whom the physician spent a typical time of 45 minutes would use CPT code 99204. For an established patient where the physician spent a typical time of 40 minutes, the physician would use CPT code 99215. The guide also includes modifiers for these services, and codes for telephone visits and how to code for services for subsequent collecting and interpretation of the blood pressure readings and communicating a treatment plan, CPT code 99474.

Scenario 26 describes how to code SMBP services when the patient training is performed separately from an E/M telehealth visit. The training can occur on the same day as or on a different day from an

E/M telehealth encounter, and can be performed by a member of the clinical team other than the physician. If training is performed at a separate visit from the E/M telehealth encounter, physicians can add the 99473 code. If performed by a provider on the same day as the E/M telehealth encounter, the guide also directs physicians to add modifier 25 to the E/M code.

The AMA will continue to update these documents as needed.

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